

FORM INSP
Rev 05/11

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:
07/11/2016
Document Number:
685300899
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>215889</u>	<u>326115</u>	<u>St John, William (Cal)</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 16695
Name of Operator: CHEVRON MIDCONTINENT LP
Address: 15 SMITH ROAD RM 4100
City: MIDLAND State: TX Zip: 79705

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Pohl, April	505-333-1941	april.pohl@chevron.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC

Compliance Summary:

QtrQtr: SWSE Sec: 35 Twp: 35N Range: 9W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/15/2009	200220232	PR	PR	SATISFACTORY			No
05/09/2007	200120466	PR	PR	SATISFACTORY			No
03/28/2007	200108031	MT	SI	SATISFACTORY		Pass	No
01/28/2005	200066833	ID	SI	SATISFACTORY		Pass	No
03/27/2001	200016332	PR	PR	SATISFACTORY		Pass	No
09/04/1997	500149711	PR	PR			Pass	No
11/25/1996	500149709	PR	PR			Pass	No
11/13/1995	500149708	PR	PR				No

Inspector Comment:

This report contains corrective action. See Good Housekeeping Section of report for additional details.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
215889	WELL	SI	09/19/1998	GW	067-07494	DAY-V-RANCH 35-2	SI	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	ACTION REQUIRED	Large patches of vine weed are spreading across location.	Remove weeds to comply with Rule 603.f using the Rule 603.f guidance document for further details.	07/26/2016

Spills:

Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	Panel		
PUMP JACK	SATISFACTORY	Safety Rails		
LOCATION	SATISFACTORY	Chain link fencing		
WELLHEAD	SATISFACTORY	Panel		

Equipment:

Type: Pump Jack	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date:	
Type: Deadman # & Marked	# 4	Satisfactory/Action Required: SATISFACTORY
Comment		

Corrective Action				Date:
Type: Bird Protectors	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Prime Mover	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment		Electric Motor		
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment		Electric Service		
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment		Telemetry Equipment		
Corrective Action				Date:
Type: Flow Line	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment		Wellhead		
Corrective Action				Date:
Type: Other	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment		Chemical Tank and Pump on Secondary Containment		
Corrective Action				Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV STEEL	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 95 BBLs _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date

Comment	
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Venting:

Yes/No	NO
Comment	

Flaring:

Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 215889

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID:	<u>215889</u>	Type:	<u>WELL</u>	API Number:	<u>067-07494</u>	Status:	<u>SI</u>	Insp. Status:	<u>SI</u>
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Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Well SI since January 1999. Last successful MIT performed on 02/21/2013.

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? _____

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____

CM _____

CA _____ CA Date _____

Guy line anchors marked? _____

CM _____

CA _____ CA Date _____

1003b. Area no longer in use?

Production areas stabilized ?

1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment:

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment:

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment:

Corrective Action: Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Gravel	Pass			
Gravel	Pass	Culverts	Pass			
Waddles	Pass					
Berms	Pass	Compaction	Pass	MHSP	Pass	

S/A/V: SATISFACTOR Corrective Date: _____
 Y _____

Comment:

CA:

Inspector Name: St John, William (Cal)

Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
685300899	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903229